

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001475

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 18 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

20 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

RESEARCH Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

204 So. ASKEW

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EARL

Middle

RAY

Last

ASBELL

4. DATE
OF
DEATH

Month

JANUARY

Day

6, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-24-1903

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WELDER

10b. KIND OF BUSINESS OR INDUSTRY

STANDARD STEEL CO

11. BIRTHPLACE (City and state or country)

GLASFORD, ILL

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

SAMUEL ASBELL

13b. MOTHER'S MAIDEN NAME

SUZANNA RING

14. NAME OF HUSBAND OR WIFE

MARY F.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

19 MARY ASBELL - 204 So. ASKEW

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock due to hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gastric junction ulcer

3 weeks

DUE TO (c)

Sustained gastric resection for ulcer

4 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Wound dehiscence, duodenal fistula

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/4/61

to

1/6/62

and last saw her

him

alive on

1/6/62

Death occurred at

11:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William A. Leo, MD.

(If free or title)

22b. ADDRESS

Kansas City, Jackson

22c. DATE SIGNED

1/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-9-1962

23c. NAME OF CEMETERY OR CREMATORY

GREEN LAWN CEM.

23d. LOCATION (City, town, or county)

K.C., Mo.

24. FUNERAL DIRECTOR

C.H. BLACKMAN & SON INC - K.C., Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

1-8-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Prof 13009

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hubert B. Bain

Licensed Embalmer No. 4888

P. O. Address KC 24, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.